



CITY OF COLLEGE STATION
LOCAL REGISTRAR
P.O. BOX 9960
COLLEGE STATION, TX 77842
(979) 764-3541

For Office Use Only:

File #: _____

Paper #: _____

BIRTH ☐

REQUESTED _____

_____ Certified Copies X \$23.00 = _____

TOTAL ENCLOSED _____

DEATH ☐

REQUESTED _____

_____ Certified Copies X \$21.00 = _____

_____ Extra Copies of Same _____

Record x \$4.00 = _____

TOTAL ENCLOSED: _____

PLEASE PRINT
See Reverse Side for Instructions

1. Full Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth or Death	Month	DAY YEAR	3. Sex
4. Place of Birth or Death	City or Town	County	State
5. Full Name of Father	First Name	Middle Name	Last Name
6. Full Maiden Name of Mother	First Name	Middle Name	Maiden Name

7. ADDITIONAL INFORMATION NEEDED FOR DEATH CERTIFICATE ONLY:

SOCIAL SECURITY NUMBER OF DECEASED _____

BIRTH DATE _____

BIRTH PLACE, ETC. _____

8. APPLICANT'S NAME: _____ 9. PHONE # () _____
(MON.-FRI. 8-5)

10. MAILING ADDRESS _____
STREET ADDRESS CITY STATE ZIP

11. RELATIONSHIP TO PERSON NAMED IN ITEM 1: _____

12. PURPOSE FOR OBTAINING THIS RECORD _____

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003

SIGNATURE OF APPLICANT _____

DATE _____

IDENTIFICATION TYPE _____

NUMBER: _____

If obtaining certificate by mail, please enclose a check or money order and a copy of your driver's license.

Make checks payable to the City of College Station.

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY OF A BIRTH OR DEATH RECORD

Check the appropriate box for either a Birth or Death record.

Indicate the number of records and compute the amount of money to be sent. **PLEASE DO NOT SEND CASH THROUGH THE MAIL.** WE SUGGEST YOU SEND EITHER A PERSONAL CHECK OR MONEY ORDER MADE PAYABLE TO: THE CITY OF COLLEGE STATION.

- Item 1. Name on Record.
State the FULL NAME of the person shown on the record being requested.
- Item 2. Date of Event: (The date of the birth OR death.)
Give the exact date of the birth or day the person died. (If you do not know the exact date of death, then give the date the person was last known to be alive.)
- Item 3. Sex:
Enter Male or Female.
- Item 4. Place of Event:
State the name of the city or county in which the birth or death occurred. (If you do not know the exact place of death, show the last address known when the person was alive.)
- Item 5. Father's Name:
Give the full name of the father of the person shown on the record.
- Item 6. Mother's **MAIDEN** name:
Give the FULL MAIDEN NAME of the mother of the person shown on the record.
- Item 7. **ADDITIONAL IDENTIFYING INFORMATION FOR DEATH CERTIFICATE:**
This additional information assists in positively identifying a record when exact dates, places and spelling of the name(s) are not known:
Social Security Number of the deceased
Birth date of the deceased
Birthplace of the deceased
Any other information that would be helpful in identifying the record.
- Item 8. Applicant's name:
Give **YOUR** full name
- Item 9. Telephone number:
Give us a telephone number with area code where you can be reached between the hours of 8am and 5pm, Monday through Friday.
- Item 10. Mailing Address:
Give us your complete mailing address.
- Item 11. Relationships to person named on the record:
State how you are related to the person on the record you are requesting.
- Item 12. Purpose for obtaining this record:
State the reason you or purpose for which you are requesting this record.
- SIGN AND DATE THE APPLICATION.**

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